

STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received
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COVER PAGE

A PUBLIC DOCUMENT

Please type or print in ink.	A PUB	LIC DOCUMENT	95.6	04 47 3 3
NAME OF FILER (LAST)	(FIRST)	,		(MIDDLE)
Johnson	Michael		(V)	
1. Office, Agency, or Court			1	
Agency Name (Do not use acronyms)				
Natural Resources Agency, Departm	ent of Conservation			
Division, Board, Department, District, if applicable		Your Position		
Division of Oil, Gas, and Geothermal	Resources	Associate Oil an	d Gas Engir	neer
▶ If filing for multiple positions, list below or on	an attachment. (Do not use	e acronyms)		
Agency:		Position:		
2. Jurisdiction of Office (Check at least	one box)			
State		☐ Judge or Court Com	missioner (State	wide Jurisdiction)
Multi-County		County of		
City of		-		
3. Type of Statement (Check at least one	hox)	590,000		
X Annual: The period covered is January 1, 2		Leaving Office: Da	ita laft /	I
December 31, 2018.	zo ro, unougn	Loaving Office. De	(Check one ci	
The period covered is/////	/, through	 The period cove -or- leaving office. 	red is January ´	, 2018, through the date of
Assuming Office: Date assumed/_				, through
Candidate: Date of Election	and office sought,	if different than Part 1:		
4. Schedule Summary (must complete Schedules attached	te) ► Total number	of pages including this	cover page	:1
Schedule A-1 - Investments – schedule	attached	Schedule C - Income, Loan	s, & Business F	ositions - schedule attached
Schedule A-2 - Investments - schedule				
Schedule B - Real Property - schedule	attached	Schedule E - Income - Gifts	s – Travel Paym	ents - schedule attached
-or- ⊠ None - No reportable interests	on anv schedule			
5. Verification	,			
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Docume	CITY		STATE	ZIP CODE
4800 Stockdale Hwy, Suite 100	Bakersfield	d	CA 9	3309
DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS		
(661) 322-4031				
I have used all reasonable diligence in preparing herein and in any attached schedules is true and			pest of my know	ledge the information contained
I certify under penalty of perjury under the la	ws of the State of Californ	nia that the foregoing is true	and correct.	
Date Signed 3/22/2019	c	ignature Michael	(an	
(month, day, year)		ignature	signed paper stateme	nt with your filing official.)